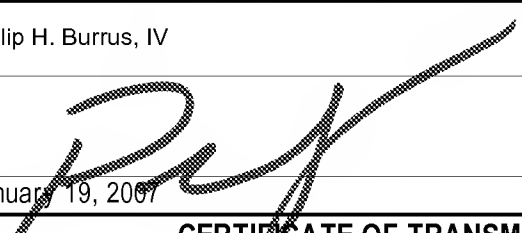


<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/997,402	
		Filing Date	November 28, 2001	
		First Named Inventor	Samir Narendra Mehta	
		Group Art Unit	Doan, Duyen My	
		Examiner Name	2152	
Total Number of Pages in this Submission	6	Attorney Docket Number	320037.402	

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <small>(for an Application)</small> <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-Related papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter with appropriate copies  <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts	Remarks   

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature			
Date	January 19, 2007		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Philip H. Burrus, IV
Signature	Date

Effective on 12/08/2004		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			
<b>FEE TRANSMITTAL</b>		Application Number	
<b>For FY 2005</b>		09/997,402	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	
		November 28, 2001	
		First Named Inventor	
		Samir Narendra Mehta	
		Examiner Name	
		Doan, Duyen My	
		Group Art Unit	
		2152	
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	
(\$ <b>\$0.00</b> )		320037.402	

**METHOD OF PAYMENT (check all that apply)**

☐ Check    ☐ Credit card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: **503608**    Deposit Account Name: **Burrus Intel. Prop. Law Group**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s)    ☒ Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	130	\$1,000.00
Design	200	100	100	50	65	
Plant	200	100	300	150	80	
Reissue	300	150	500	250	300	
Provisional	200	100	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ - 20 or HP = \_\_\_\_\_  
 Extra Claims: \_\_\_\_\_ x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_  
 HP=highest number of total claims paid for, if greater than 20

Indep. Claims: \_\_\_\_\_ - 3 or HP = \_\_\_\_\_  
 Extra Claims: \_\_\_\_\_ x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_  
 HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

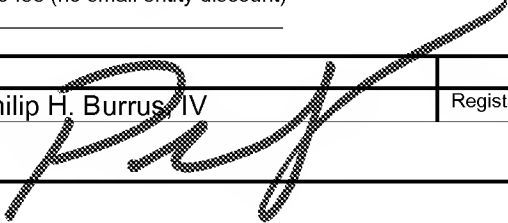
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ - 100 = \_\_\_\_\_  
 Extra Sheets: \_\_\_\_\_ /50 = \_\_\_\_\_  
 Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$): \_\_\_\_\_ = Fee Paid (\$): \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other: \_\_\_\_\_

Fee Paid (\$)

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	Philip H. Burrus IV	Registration No.	45,432
		Telephone	404-797-8111
Signature		Date	January 18, 2007